Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

	Program: A Contractor: Subcontract	Iternatives to Abortion Nurses for Newborns or: N/A	,		
	Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be It in the service of the purchased.				
	Client Name:		.Date	Date Enrolled: 20117	
	Proposed Purchase Date	Item	Total Cost [include formal estimate from provider of services]	Justification, include other sources of funding that have been attempted	
		Car Payment	\$34190 - \$75 (64 (1)ent)	Client starts work on 571 after maternity	
		+	\$26690	Drives to war	
		E REIMBURSED	\$17.06.90		
Please return to Alternatives to Abortion Progrom Manager, State of Missauri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily kraft@oo.mo.gov					
Thank you.					
Authorized person requesting purchase:					
Approved for purchase: Purchase denied: Date					
Reason for denying purchase:Date					
		The same of the sa		No.	



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